


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 760091 1. Entity Name DEEP CREEK HUNTING CLUB OF BRYCEVILLE, INC.	
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Principal Place of Business 265 W OLIVER BALDWIN, FL 32234 US	Mailing Address 265 W OLIVER BALDWIN, FL 32234 US
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04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RYAN, DAVID 265 W OLIVER STREET JACKSONVILLE, FL 32234
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Harold A. Thornton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RYAN, DAVID 265 W OLIVER STREET JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THORNTON, WAYNE 2937 TINSLEY ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CARTER, BOBBY RT 2 BOX 24A MOTES RD BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THORNTON, HAROLD D 509 PURCELL DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000304440 04/14/05-80043-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Harold A. Thornton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/13/05</u> <small>Daytime Phone #</small>